

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS**

THE UNITED STATES OF AMERICA ex rel.  
CHRISTOPHER R. GOBBLE, ET AL.,  
Plaintiffs,

v.

FOREST LABORATORIES, INC., ET AL.,  
Defendants.

**CIVIL ACTION NO.  
03-10395 NMG**

***FILED IN CAMERA  
and UNDER SEAL***

**THIRD AMENDMENT TO COMPLAINT**

The Plaintiff/Relator Christopher R. Gobble, by and through his undersigned counsel, hereby amends his Second Amended Complaint as follows by: adding thereto as Plaintiffs, ten States whose False Claims Acts ("FCAs") have been enacted since the time of Relator's last amendment; by adding/ including claims or counts for relief under those laws; and by amending Paragraph 22 and the Prayers for Relief to conform to these amendments by including references to the ten added States' FCAs. Set forth below are the additional ten claims/counts for relief, beginning at the following part of the Complaint.

**SPECIFIC ACTS OF FEDERAL HEALTH CARE PROGRAM  
FRAUD COMMITTED BY DEFENDANTS**

Counts Fifty-Three through Sixty-Two are hereby added to the Relator's Second Amended Complaint, stating claims for relief under the False Claims Acts of the ten added State Plaintiffs: Georgia; Indiana; Michigan; New Hampshire; New Jersey; New Mexico; New York; Oklahoma; Rhode Island; and Wisconsin.

**COUNT FIFTY-THREE**

**VIOLATIONS OF THE GEORGIA STATE FALSE MEDICAID CLAIMS ACT**  
**Article 7B, Chapter 4, Title 49 of the Official Code of Georgia Annotated**

272.

Relator restates and realleges the allegations contained in Paragraphs 1 to 79 above as if each were stated herein in their entirety and said allegations are incorporated herein by reference.

273.

The Georgia State False Medicaid Claims Act, Official Code of Georgia Annotated, 49-4-168, *et seq.*, specifically provides, in part at 49-4-168.1, that:

(a) Any person who:

- (1) Knowingly presents or causes to be presented to the Georgia Medicaid program a false or fraudulent claim for payment or approval;
- (2) Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Georgia Medicaid program;
- (3) Conspires to defraud the Georgia Medicaid program by getting a false or fraudulent claim allowed or paid;
- (4) Has possession, custody, or control of property or money used, or to be used by the Georgia Medicaid program and, intending to defraud the Georgia Medicaid program or willfully to conceal the property, delivers, or causes to be delivered, less property than the amount for which the person receives a certificate of receipt; and/or
- (7) Knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay, repay or transmit money or property to the State of Georgia,

shall be liable to the State of Georgia for a civil penalty of not less than \$5,500.00 and not more than \$11,000.00 for each false or fraudulent claim, plus three times the amount of damages which the Georgia Medicaid program sustains because of the act of such person.

274.

The Defendants knowingly presented or caused to be presented false or fraudulent claims to Medicaid and the State of Georgia, claims which failed to disclose the material violations of the law, knowingly made, used or caused to be made or used, false statements to get said claims paid by the Medicaid Program, and conspired to defraud the State of Georgia and its Medicaid Program, all in violation of the Georgia FCA, 49-4-168.1(a)(1)-(3).

275.

Defendants knowingly made, used or caused to be made or used a false record or statement to conceal their actions and to avoid or decrease an obligation to pay or transmit money to the state, including without limitation, by failing to alert the state government or to pay the correct rebate amounts to Medicaid, in violation of the Georgia FCA, 49-4-168.1(a)(4) and (7).

276.

In addition, Defendants knowingly presented or caused to be presented to the Medicaid program false and fraudulent claims for payment and approval, and false or fraudulent statements or records, all of which failed to disclose the material violations of the AKA and other laws, and conspired to do so, all in violation of the State FCA.

277.

The State of Georgia paid said claims and has sustained damages, to the extent of its portion of Medicaid losses from Medicaid claims filed in Georgia, and rebates not paid, because of these acts by the Defendants.

**COUNT FIFTY-FOUR**

**VIOLATIONS OF THE STATE OF INDIANA FALSE CLAIMS AND  
WHISTLEBLOWER PROTECTION ACT  
IC 5-11-5.5**

278.

Relator restates and realleges the allegations contained in Paragraphs 1- 79 above as if each were stated herein in their entirety and said allegations are incorporated herein by reference.

279.

The Indiana False Claims and Whistleblower Protection Act, IC 5-11-5.5-2(b) (2005), specifically provides, in part, that by certain acts a person commits an unlawful act and shall be liable to the state for civil penalties and three times the amount of damages that the state sustains because of the act if that person [including]:

- (1) presents a false claim to the state for payment or approval;
- (2) makes or uses a false record or statement to obtain payment or approval of a false claims from the state;...
- (6) makes or uses a false record or statement to avoid an obligation to pay or transmit property to the state;
- (7) conspires with another person to perform an act described above; or
- (8) causes or induces another person to perform an act described above.

280.

Defendants knowingly violated these provisions of law by presenting or causing to be presented to the Indiana Medicaid program false and/or fraudulent claims for payment and approval, claims which failed to disclose the material violations of the law; knowingly made, used or caused to be made or used a false record or statement to support such claims and/or to conceal its actions and to avoid or decrease an obligation to pay or transmit money to the state, including without limitation, by failing to alert the state

government or to pay the correct rebate amounts to Medicaid; and conspired to defraud the state Medicaid program, and caused others to violate the Indiana Act, all in violation of IC 5-11-5.5-2.

281.

In addition, Defendants knowingly presented or caused to be presented to the Medicaid program false and fraudulent claims for payment and approval, and false or fraudulent statements or records, all of which failed to disclose the material violations of the AKA and other laws, and conspired to do so, all in violation of the State FCA.

282.

The State of Indiana paid said claims and has sustained damages, to the extent of its portion of Medicaid losses from Medicaid claims filed in Indiana, and rebates not paid, because of these acts by the Defendants.

**COUNT FIFTY-FIVE**

**VIOLATIONS OF THE MICHIGAN MEDICAID FALSE CLAIMS ACT,**  
**MI ST Ch. 400**

283.

Relator restates and realleges the allegations contained in Paragraphs 1-79 above as if each were stated herein in their entirety and said allegations are incorporated herein by reference.

284.

The Michigan Medicaid False Claims Act, MI ST Ch. 400, provides, *inter alia*: as follows:

(1) In section 400.603, that "A person shall not knowingly make or cause to be made a false statement or false representation of a material fact in an application for

Medicaid benefits... [or] for use in determining rights to a Medicaid benefit.” It further provides that “A person, having knowledge of the occurrence of an event affecting ...[the] initial or continued right of any other person on whose behalf he has applied...shall not conceal or fail to disclose that event with intent to obtain a benefit to which the person or any other person is not entitled or in an amount greater than that to which the person or any other person is entitled.”

(2) In section 400.606, that “A person shall not enter into an agreement, combination, or conspiracy to defraud the state by obtaining or aiding another to obtain the payment or allowance of a false claim... .”

(3) In section 400.607, that “A person shall not make or present or cause to be made or presented to an employee or officer [of the state] a claim...upon or against the state, knowing the claim to be false... .” and that “ A person shall not make or present or cause to be made or presented a claim ...which he or she knows falsely represents that the goods or services for which the claim is made were medically necessary ... .”

(4) In section 400.604, that a person is prohibited from soliciting, offering, making or receiving a kickback or bribe or rebate of any kind.

207. Under section 400.612, “A person who receives a benefit which the person is not entitled to receive by reason of fraud or making a fraudulent statement or knowingly concealing a material fact shall forfeit and pay to the state a civil penalty equal to the full amount received plus triple the amount of damages suffered by the state as a result of the conduct by the person”.

285.

Defendants have violated these provisions of the Michigan FCA and caused

damage to the State of Michigan which paid said claims and has sustained damages, to the extent of its portion of Medicaid losses from Medicaid claims filed in Michigan, and rebates not paid, because of these acts by the Defendants.

**COUNT FIFTY-SIX**

**VIOLATIONS OF THE NEW HAMPSHIRE FCA**  
**N.H. RSA §§ 167:61-b *et seq.***

286.

Relator restates and realleges the allegations contained in Paragraphs 1- 79 above as if each were stated herein in their entirety and said allegations are incorporated herein by reference.

287.

The New Hampshire Medicaid False Claims Act, N.H. RSA §§ 167:61-b *et seq.* (2005), specifically provides, in part, that by certain acts a person commits an unlawful act and shall be liable to the state for a civil penalty and three times the amount of damages that the state sustains because of the act if that person:

- (a) presents, or causes to be presented, to the state a claim for payment under the Medicaid program knowing that such claim is false or fraudulent claim;
- (b) makes, uses or causes to be made or used a record or statement to get a false or fraudulent claim under the Medicaid program paid for or approved by the state knowing such record or statement is false;
- (c) conspires to defraud the state by getting a claim allowed or paid under the Medicaid program knowing that such claim is false or fraudulent;  
[and/or]
- (e) makes, uses, or causes to be made or used a record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the state, relative to the Medicaid program, knowing that such record or statement is false....”

288.

Defendants knowingly violated these provisions of law by presenting or causing to be presented to the New Hampshire Medicaid program false and/or fraudulent claims for payment and approval, claims which failed to disclose the material violations of the law; knowingly made, used or caused to be made or used a false record or statement to support such claims and/or to conceal their actions and to avoid or decrease an obligation to pay or transmit money to the state, including without limitation, by failing to alert the state government or to pay the correct rebate amounts to Medicaid; and they conspired to defraud the state Medicaid program, all in violation of N.H., RSA sec. 167:61-b I. (a)-(c) and (e).

299.

Defendants knowingly presented or caused to be presented to the Medicaid program false and fraudulent claims for payment and approval, and false or fraudulent statements or records, all of which failed to disclose the material violations of the AKA and other laws, and conspired to do so, all in violation of the State FCA.

300.

The State of New Hampshire paid said claims and has sustained damages, to the extent of its portion of Medicaid losses from Medicaid claims filed in New Hampshire, and rebates not paid, because of these acts by the Defendants.

**COUNT FIFTY-SEVEN**

**VIOLATIONS OF  
THE NEW JERSEY FALSE CLAIMS ACT**

301.

Relator restates and realleges the allegations contained in Paragraphs 1 to 79



above as if each were stated herein in their entirety and said allegations are incorporated herein by reference.

302.

The New Jersey False Claims Act specifically provides that, under pain of treble damages or a maximum and a sum not less than nor more than the civil penalty under the federal False Claims Act per individual violation, any person who:

- (a) Knowingly presents or causes to be presented to the an employee, officer or agent of the State, or to any contractor, grantee or other recipient of State funds, a false claim for payment or approval;
- (b) Knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the State;
- (c) Conspires to defraud the State by getting a false claim allowed or paid;
- (d) Has possession, custody, or control of public property or money used, or to be used by the State and, knowingly delivers or causes to be delivered less property than the amount for which the person receives a certificate or receipt...or
- (g) Knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the State.

303.

Defendants knowingly violated these provisions of law by presenting or causing to be presented to the New Jersey Medicaid program false and/or fraudulent claims for payment and approval, claims which failed to disclose the material violations of the law; knowingly made, used or caused to be made or used a false record or statement to support such claims and/or to conceal their actions and to avoid or decrease an obligation to pay or transmit money to the state, including without limitation, by failing to alert the state government or to pay the correct rebate amounts to Medicaid; and they conspired to defraud the state Medicaid program, all in violation of the New Jersey FCA.

304.

Defendants knowingly presented or caused to be presented to the New Jersey

Medicaid program false and fraudulent claims for payment and approval, claims which failed to disclose the material violations of the AKA and other laws, in violation of the NJ FCA 3(a) to (d) and (g).

305.

The State of New Jersey paid said claims and has sustained damages, to the extent of its portion of Medicaid losses from Medicaid claims filed in New Jersey, and rebates not paid, because of these acts by the Defendants.

**COUNT FIFTY-EIGHT**

**VIOLATIONS OF THE NEW MEXICO MEDICAID FCA and**  
**NEW MEXICO FRAUD AGAINST TAXPAYERS ACT**  
**N.M. LEGIS 49 (2004 and 2007) CHAPTER 4**

306.

Relator restates and realleges the allegations contained in Paragraph 1-79 above as if each were stated herein in their entirety and said allegations are incorporated herein by reference.

307.

The New Mexico Medicaid False Claims Act, §27-14-1 to §27-14-15, specifically provides, in part, that by certain acts “a person commits an unlawful act and shall be liable to the state for three times the amount of damages that the state sustains because of the act if that person [including]:

§27-14-4A. presents, or causes to be presented, to the state a claim for payment under the Medicaid program knowing that such claims is false or fraudulent claim;

B. presents, or causes to be presented, to the state a claim for payment under the

Medicaid program knowing that the person receiving a Medicaid benefit or payment is not authorized or is not eligible for a benefit under the Medicaid program;

C. makes, uses or causes to be made or used a record or statement to obtain a false or fraudulent claim under the Medicaid program paid for or approved by the state knowing such record or statement is false;

D. conspires to defraud the state by getting a claim allowed or paid under the Medicaid program knowing that such claim is false or fraudulent; [and/or]

E. makes, uses, or causes to be made or used a record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the state, relative to the Medicaid program, knowing that such record or statement is false....”

308.

Defendants knowingly violated these provisions of law and the similar provisions of the 2007 New Mexico Fraud Against Taxpayers by presenting or causing to be presented to the New Mexico Medicaid program false and/or fraudulent claims for payment and approval, claims which failed to disclose the material violations of the law; knowingly made, used or caused to be made or used a false record or statement to support such claims and/or to conceal its actions and to avoid or decrease an obligation to pay or transmit money to the state, including without limitation, by failing to alert the state government or to pay the correct rebate amounts to Medicaid; and conspired to defraud the state Medicaid program, all in violation of the New Mexico Medicaid False Claims Act and the New Mexico Fraud Against Taxpayers Act.

309.

Defendants knowingly presented or caused to be presented to the Medicaid program false and fraudulent claims for payment and approval, and false or fraudulent statements or records, all of which failed to disclose the material violations of the AKA and other laws, and conspired to do so, all in violation of the New Mexico FCA.

310.

The State of New Mexico paid said claims and has sustained damages, to the extent of its portion of Medicaid losses from Medicaid claims filed in New Mexico, and rebates not paid, because of these acts by the Defendants.

**COUNT FIFTY-NINE**

**VIOLATIONS OF THE NEW YORK STATE FCA:  
2007 NEW YORK LAWS 58, SECTION 39, ARTICLE XIII, §189 (a)**

311.

Relator restates and realleges the allegations contained in Paragraphs 1 to 79 above as if each were stated herein in their entirety and said allegations are incorporated herein by reference.

312.

The New York FCA, provides in relevant part as follows:

§ 189. Liability for certain acts.

1. Subject to the provisions of subdivision two of this section, any person who:

- (a) knowingly presents, or causes to be presented, to any employee, officer or agent of the state or a local government, a false or fraudulent claim for payment or approval;
- (b) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved

by the state or a local government;  
(c) conspires to defraud the state or a local government by getting a false or fraudulent claim allowed or paid;  
(d) has possession, custody, or control of property or money used, or to be used, by the state or a local government and, intending to defraud the state or a local government or willfully to conceal the property or money, delivers, or causes to be delivered, less property or money than the amount for which the person receives a certificate or receipt;  
(e) is authorized to make or deliver a document certifying receipt of property used, or to be used, by the state or a local government and, intending to defraud the state or a local government, makes or delivers the receipt without completely knowing that the information on the receipt is true; or  
(g) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the state or a local government;

shall be liable: (i) to the state for a civil penalty of not less than six thousand dollars and not more than twelve thousand dollars, plus three times the amount of damages which the state sustains because of the act of that person... .

313.

Defendants knowingly violated these provisions of law by presenting or causing to be presented to the New York Medicaid program false and/or fraudulent claims for payment and approval, claims which failed to disclose the material violations of the law; knowingly made, used or caused to be made or used a false record or statement to support such claims and/or to conceal its actions and to avoid or decrease an obligation to pay or transmit money to the state, including without limitation, by failing to alert the state government or to pay the correct rebate amounts to Medicaid, and conspired to defraud the state Medicaid program, all in violation of the New York FCA.

314.

Defendants knowingly presented or caused to be presented to the Medicaid program false and fraudulent claims for payment and approval, and false or fraudulent

statements or records, all of which failed to disclose the material violations of the AKA and other laws, and conspired to do so, all in violation of the State FCA.

315.

The State of New York paid said claims and has sustained damages, to the extent of its portion of Medicaid losses from Medicaid claims filed in New York, and rebates not paid, because of these acts by the Defendants.

**COUNT SIXTY**

**VIOLATIONS OF THE OKLAHOMA MEDICAID FALSE CLAIMS ACT**  
**2007 OK. ALS 137**

316.

Relator restates and realleges the allegations contained in Paragraphs 1 to 79 above as if each were stated herein in their entirety and said allegations are incorporated herein by reference.

317.

The Oklahoma Medicaid False Claims Act 2007 OK ALS 137, codified in Title 63, section 5053.1, specifically provides, in part, that:

(a) Any person who:

- (1) Knowingly presents, or causes to be presented, to an officer or employee of the State of Oklahoma, a false or fraudulent claim for payment or approval;
- (2) Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the state;
- (3) Conspires to defraud the states by getting a false or fraudulent claim allowed or paid;
- (4) Has possession custody or control of property or money used, or to be used, by the state and, intending to defraud the state or willfully to conceal the property, delivers, or causes to be delivered, less property than the amount for which the person receives a certificate of receipt...or
- (7) Knowingly makes, uses, or causes to be made or used, a false record or

statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the state,

is liable to the State of Oklahoma for a civil penalty of not less than \$5,000.00 and not more than \$10,000.00 unless a penalty is imposed for the act of that person in violation of this subsection under the federal False Claims Act for the same or a prior action, plus three times the amount of damages which the states sustains because of the act of that person.

318.

Defendants knowingly violated these provisions of law by presenting or causing to be presented to the Oklahoma Medicaid program false and/or fraudulent claims for payment and approval, claims which failed to disclose the material violations of the law; knowingly made, used or caused to be made or used a false record or statement to support such claims and/or to conceal its actions and to avoid or decrease an obligation to pay or transmit money to the state, including without limitation, by failing to alert the state government or to pay the correct rebate amounts to Medicaid; and conspired to defraud the state Medicaid program, all in violation of the Oklahoma FCA.

319.

Defendants knowingly presented or caused to be presented to the Oklahoma Medicaid program false and fraudulent claims for payment and approval, claims which failed to disclose the material violations of the AKA and other laws, in violation of the Oklahoma Medicaid False Claims Act sub-sections (B)(1)-(4) and (7).

320.

The State of Oklahoma paid said claims and has sustained damages, to the extent of its portion of Medicaid losses from Medicaid claims filed in Oklahoma, and rebates not paid, because of these acts by the Defendants.

**COUNT SIXTY-ONE**

**VIOLATIONS OF  
THE RHODE ISLAND FALSE CLAIMS ACT**

321.

Relator restates and realleges the allegations contained in Paragraphs 1 to 79 above as if each were stated herein in their entirety and said allegations are incorporated herein by reference.

322.

The Rhode Island False Claims Act specifically provides, in part, that:

(a) Any person who:

- (1) Knowingly presents, or causes to be presented, to an officer or employee of the state or a member of the guard a false or fraudulent claim for payment or approval;
- (2) Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the state;
- (3) Conspires to defraud the state by getting a false or fraudulent claim allowed or paid;
- (4) Has possession custody or control of property or money used, or to be used by the state and, intending to defraud the state or willfully to conceal the property, delivers, or causes to be delivered, less property than the amount for which the person receives a certificate of receipt...or
- (7) Knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the state,

is liable to the state for a civil penalty of not less than \$5,000.00 and not more than \$10,000.00, plus three (3) times the amount of damages which the state sustains because of the act of that person. A person violating this subsection (a) shall also be liable to the state for the costs of a civil action brought to recover any such penalty or damages.

323.

Defendants knowingly violated these provisions of law by presenting or causing to be presented to the Rhode Island Medicaid program false and/or fraudulent claims for



payment and approval, claims which failed to disclose the material violations of the law; knowingly made, used or caused to be made or used a false record or statement to support such claims and/or to conceal its actions and to avoid or decrease an obligation to pay or transmit money to the state, including without limitation, by failing to alert the state government or to pay the correct rebate amounts to Medicaid; and conspired to defraud the state Medicaid program, all in violation of the Rhode Island FCA.

324.

Defendants knowingly presented or caused to be presented to the Medicaid program false and fraudulent claims for payment and approval, and false or fraudulent statements or records, all of which failed to disclose the material violations of the AKA and other laws, and conspired to do so, all in violation of the State FCA.

325.

The State of Rhode Island paid said claims and has sustained damages, to the extent of its portion of Medicaid losses from Medicaid claims filed in Rhode Island, and rebates not paid, because of these acts by the Defendants.

**COUNT SIXTY-TWO**

**VIOLATIONS OF THE WISCONSIN FALSE CLAIMS FOR MEDICAL ASSISTANCE ACT, CHAPTER 20 SUBCHAPTER 91**

326.

Relator restates and realleges the allegations contained in Paragraphs 1 to 79 above as if each were stated herein in their entirety and said allegations are incorporated herein by reference.

327.

The Wisconsin False Claims for Medical Assistance Act specifically provides, in

relevant part at 20.931(2) that, under pain of treble damages and a maximum of \$10,000 per individual violation, any person who:

- (a) Knowingly presents or causes to be presented to any officer, employee or agent of this state a false claim for medical assistance.
- (b) Knowingly makes, uses, or causes to be made or used a false record or statement to obtain approval or payment of a false claim for medical assistance.
- (c) Conspires to defraud this state by obtaining allowance or payment of a false claim for medical assistance, or by knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or to transmit money or property to the Medical Assistance Program.
- (g) Knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid or decrease any obligation to pay or transmit money or property to the Medical Assistance program.

328.

Defendants knowingly violated these provisions of law by presenting or causing to be presented to the Wisconsin Medicaid program false and/or fraudulent claims for payment and approval, claims which failed to disclose the material violations of the law; knowingly made, used or caused to be made or used a false record or statement to support such claims and/or to conceal its actions and to avoid or decrease an obligation to pay or transmit money to the state, including without limitation, by failing to alert the state government or to pay the correct rebate amounts to Medicaid; and conspired to defraud the state Medicaid program, all in violation of the Wisconsin FCA.

329.

Defendants knowingly presented or caused to be presented to the Medicaid program false and fraudulent claims for payment and approval, and false or fraudulent statements or records, all of which failed to disclose the material violations of the AKA and other laws, and conspired to do so, all in violation of the Wisconsin FCA, 20.931(2)(a)-(c) and (g).

330.

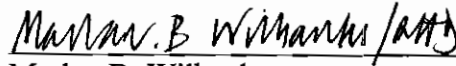
The State of Wisconsin paid said claims and has sustained damages, to the extent of its portion of Medicaid losses from false claims for medical assistance filed in Wisconsin, and rebates not paid, because of these acts by the Defendant.

**PRAYERS FOR RELIEF**

Prayers (g) and (i) are hereby amended to include references to the FCAs of the States added as Plaintiffs by this amendment, namely: Georgia; Indiana; Michigan; New Hampshire; New Jersey; New Mexico; New York; Oklahoma; Rhode Island; and Wisconsin.


This 17th day of July, 2008.

Respectfully submitted,



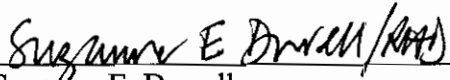
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A handwritten signature in dark ink, appearing to read "Suzanne E. Durrell", is written over a horizontal line.

Suzanne E. Durrell

Massachusetts BBO No. 139280

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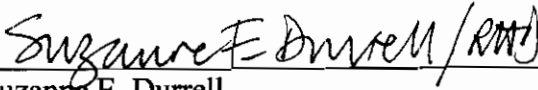
Milton, Massachusetts 02186

(617) 333-9681

Attorneys for Relator Christopher R. Gobble

CERTIFICATE OF SERVICE

On this 17<sup>th</sup> day of July 2008, I hereby certify that a true copy of the above document will be served upon the following attorneys of record for each government party.

  
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